									A	pplication	OLD	ocker nun	noer		
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2003									1079617c1						
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE			OR		THAN ENTITY		
TC	TAL CLAIMS		22		·			RATE.		FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			2 minus 20=		· 2/			X\$ 9=			OR	X\$18=	34		
INDEPENDENT CLAIMS			minus 3 =		. 2			X43=			OR	X86=	(17)		
MU	LTIPLE DEPE	NDENT CLAIM P	RESENT			. 🗅							11.50		
• "	the difference	in column 1 is	ess than zero, enter "0" in column 2			cotumn 2	•	+145=		OR	+290=				
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	١		OR	TOTAL			
CLAIMS AS AMENDED - PART II 7 - 10-01 (Column 1) (Column 2) (Column 3							SMAL	LE	NTITY	OR	OTHER SMALL				
ENTA	1001	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	EST BÉR JUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Ş	Total	.22	Minus	- 2	7	9		-X\$ 9=			OR	X\$18=			
AMENOMENT	Independent	· Ý	Minus	8		3		X43=	1		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 145	7			. 200-			
1. 2. 3. 4. 5 4 . 7. 8								+145=	┸		OR	+290= TOTAL			
								ADDIT. FE			OR	ADDIT. FEE			
		(Column 1) -CLAIMS		(Colun		(Column 3)	l i		_				255		
AMENDMENT B	7/18/06	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	•22	Minus	· 2	2			X\$ 9=	I		OR	X\$18=			
AME	Independent	٠ ٥	Minus		<u>~</u>	-		X43=	1		OR	X863			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				CLAIM		۱. ۱	1145=	Ť	1	OR	+290=			
							. [ATOTA	╬	-74	L	TOTAL			
		10.1					,	ADDIT. FE			OR ,	ADDIT. FEE			
		(Column 1)		(Colum		(Column 3)	ŀ	<u>.</u>	_		f				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
Ş.	Fotal .	•	Minus	#*		=		X\$ 9=	T		OR	X\$18=			
ME	ndependent	•	Minus	***		2	 	X43=	t			X86=			
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								十		OR				
*-If the entry in column 1 is less than the entry in column 2, write "0" in column 3.															
11	the "Highest Nun the "Highest Nur	nn 1 is less than thi nber Previously Pai nber Previously Pai ber Previously Paid	id For IN THI: id For IN THI	S SPACE is S SPACE is	less than less than	20, enter "20." n 3, enter "3."		TOTAL DDIT. FEE nd in the a	L			TOTAL DOIT, FEE IMN 1.			